
State: District of Columbia **Filing Company:** Combined Insurance Company of America
TOI/Sub-TOI: H07I Individual Health - Specified Disease - Limited Benefit/H07I.001 Critical Illness
Product Name: Rate Sheet #7251 for Critical Illness Policy 16648-DC
Project Name/Number: Rate Sheet #7251/Rate Sheet #7251

Filing at a Glance

Company: Combined Insurance Company of America
Product Name: Rate Sheet #7251 for Critical Illness Policy 16648-DC
State: District of Columbia
TOI: H07I Individual Health - Specified Disease - Limited Benefit
Sub-TOI: H07I.001 Critical Illness
Filing Type: Rate
Date Submitted: 11/26/2013
SERFF Tr Num: ACEH-129315042
SERFF Status: Pending Industry Response
State Tr Num:
State Status:
Co Tr Num: 13-AH-2011152

Implementation: On Approval
Date Requested:
Author(s): Debra McNally, Michael Hollar, Sue Thill, Marivic Chiong
Reviewer(s): Darniece Shirley (primary), Alula Selassie, Donghan Xu
Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

State: District of Columbia **Filing Company:** Combined Insurance Company of America
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness
Product Name: Rate Sheet #7251 for Critical Illness Policy 16648-DC
Project Name/Number: Rate Sheet #7251/Rate Sheet #7251

General Information

Project Name: Rate Sheet #7251	Status of Filing in Domicile: Not Filed
Project Number: Rate Sheet #7251	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 12/05/2013
	State Status Changed:
Deemer Date:	Created By: Debra McNally
Submitted By: Debra McNally	Corresponding Filing Tracking Number: ACEH-129315029

Filing Description:

Combined Insurance Company of America
FEIN Number: 36-2136262
NAIC Number: 626-62146

Form Numbers:

Rate Sheet #7251
Individual Specified Disease
FILING SUBMITTED FOR REVIEW & APPROVAL

This is a new filing. Rate Sheet #7251 is a new rate sheet for the Critical Illness Policy, Form No. 16648-DC filed under SERFF Tracking # ACEH-129315029.

These forms will be marketed through point of sale, agent solicitations through telephone sales, as well as internet and other direct response marketing approaches. The application form will be completed and/or transmitted either by paper or through electronic means. We certify that we will comply with your state's statutes regarding privacy and electronic signatures.

The premium will be paid by payroll deduction or other premium collection means. The premium will be paid by payroll deduction or other premium collection means. The rate sheet contains the unit benefits available and the unit premium charged.

The forms are in final printed format. However, it is possible that actual issued forms may have different format and font style (but not the type size) as a result of different computer publishing systems. Therefore, page breaks may occur at different lines. We do not anticipate refiling for typographical errors, format changes or font style variations.

Combined requests that the documents be treated as confidential and excepted from disclosure under the relevant sections of the District of Columbia Code Freedom of Information law Section 5-534(a)(1). This filing contains confidential and propriety information which if disclosed may cause irreparable harm to Combined.

We appreciate your time in reviewing this filing. Please feel free to call me at our toll free number or email me if you have further questions or need additional information.

Company and Contact

State: District of Columbia **Filing Company:** Combined Insurance Company of America
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness
Product Name: Rate Sheet #7251 for Critical Illness Policy 16648-DC
Project Name/Number: Rate Sheet #7251/Rate Sheet #7251

Filing Contact Information

Debra McNally, Senior Policy Analyst debra.mcnally@combined.com
100 Milwaukee Ave. 847-953-1527 [Phone]
Glenview, IL 60025 847-953-1557 [FAX]

Filing Company Information

Combined Insurance Company of America	CoCode: 62146	State of Domicile: Illinois
1000 North Milwaukee Ave.	Group Code: 626	Company Type: A&H
Glenview, IL 60025	Group Name: ACE USA	State ID Number:
(847) 953-2025 ext. [Phone]	FEIN Number: 36-2136262	

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State:	District of Columbia	Filing Company:	Combined Insurance Company of America
TOI/Sub-TOI:	H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness		
Product Name:	Rate Sheet #7251 for Critical Illness Policy 16648-DC		
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Correspondence Summary

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Darniece Shirley	12/05/2013	12/05/2013

Response Letters

Responded By	Created On	Date Submitted
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State: District of Columbia **Filing Company:** Combined Insurance Company of America
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness
Product Name: Rate Sheet #7251 for Critical Illness Policy 16648-DC
Project Name/Number: Rate Sheet #7251/Rate Sheet #7251

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	12/05/2013
Submitted Date	12/05/2013
Respond By Date	12/26/2013

Dear Debra McNally,

Introduction:

Thank you for your recent filing. Please see below for additional information requested to continue review of the rate filing.

Objection 1

Comments: Please provide the status of this filing in the Domiciliary State.

Objection 2

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)

Comments: Please provide a detailed, line-by-line, make-up of expenses as a percentage of premiums. Each expense item should be accounted for separately and total 100%. Expenses such as profit, expected loss ratio, commission, e.g. should be included. Expenses such as taxes, administrative, et al should not be grouped together.

Objection 3

- Cover Letter All Filings (Supporting Document)
- Certificate of Authority to File (Supporting Document)
- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- District of Columbia and Countrywide Loss Ratio Analysis (P&C) (Supporting Document)
- District of Columbia and Countrywide Experience for the Last 5 Years (P&C) (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Unified Rate Review Template (Supporting Document)
- Rate Sheet #7251, [16648-DC] (Rate)
- Actuarial Memorandum, [16648-DC] (Rate)

Comments: Please confirm: Dispositions with respects to this filing are being made on behalf of residents of the District of Columbia only.

Objection 4

- Cover Letter All Filings (Supporting Document)
- Certificate of Authority to File (Supporting Document)
- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- District of Columbia and Countrywide Loss Ratio Analysis (P&C) (Supporting Document)
- District of Columbia and Countrywide Experience for the Last 5 Years (P&C) (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Unified Rate Review Template (Supporting Document)
- Rate Sheet #7251, [16648-DC] (Rate)
- Actuarial Memorandum, [16648-DC] (Rate)

Comments: Please note, this rate filing is subject to conformity with the corresponding forms filing. This department reserves the right to withdraw the filing if not.

State: District of Columbia**Filing Company:** Combined Insurance Company of America**TOI/Sub-TOI:** H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness**Product Name:** Rate Sheet #7251 for Critical Illness Policy 16648-DC**Project Name/Number:** Rate Sheet #7251/Rate Sheet #7251**Conclusion:**

Sincerely,
Darniece Shirley

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Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: %

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Combined Insurance Company of America	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Sheet #7251	16648-DC	New		Rate Sheet #7251.pdf,
2		Actuarial Memorandum	16648-DC	New		Actuarial Memorandum.pdf,

COMBINED INSURANCE COMPANY OF AMERICA
Individual Critical Illness
Policy Form No. 16648
Exhibit A: Annual Gross Premium Factors

Applicant - Per \$1,000 of Face Amount

A

<u>Issue Age</u>	Part A Benefits (Non-Cancer)				Children Covered	
	With 50% Benefit Reduction		No Benefit Reduction		<u>w/ Applicant</u>	<u>Separately</u>
	<u>Non-Tobacco</u>	<u>Tobacco</u>	<u>Non-Tobacco</u>	<u>Tobacco</u>		
18-25	1.328	1.950	1.397	2.057	0.108	0.146
26-30	1.775	2.633	1.873	2.787	0.108	0.146
31-35	2.663	4.234	2.822	4.501	0.108	0.146
36-40	4.116	7.086	4.416	7.598	0.108	0.146
41-45	5.897	10.400	6.372	11.221	0.108	0.146
46-50	8.688	16.615	9.556	18.177	0.108	0.146
51-55	11.742	23.064	13.190	25.716	0.108	0.146
56-60	15.890	31.320	18.380	35.955	0.108	0.146
61-65	19.914	39.749	24.578	48.485	0.108	0.146
66-69	20.287	38.921	31.300	59.409	0.108	0.146
70+	18.054	34.624	36.108	69.260	0.108	0.146

B

<u>Issue Age</u>	Part B Benefits (Cancer)				Children Covered	
	With 50% Benefit Reduction		No Benefit Reduction		<u>w/ Applicant</u>	<u>Separately</u>
	<u>Non-Tobacco</u>	<u>Tobacco</u>	<u>Non-Tobacco</u>	<u>Tobacco</u>		
18-25	3.093	4.231	3.169	4.290	0.432	0.583
26-30	3.207	4.506	3.268	4.539	0.432	0.583
31-35	3.724	5.827	3.826	5.881	0.432	0.583
36-40	4.717	8.165	4.895	8.287	0.432	0.583
41-45	5.756	10.368	6.037	10.595	0.432	0.583
46-50	7.375	14.525	7.887	15.042	0.432	0.583
51-55	9.097	18.468	9.952	19.476	0.432	0.583
56-60	11.335	23.014	12.773	25.078	0.432	0.583
61-65	12.841	26.183	15.575	30.838	0.432	0.583
66-69	12.380	23.524	18.878	35.847	0.432	0.583
70+	10.832	20.746	21.636	41.505	0.432	0.583

Enhancement Benefit Packages

E1

<u>Issue Age</u>	Enhanced 1 - Alzheimers & Parkinsons				Children Covered	
	With 50% Benefit Reduction		No Benefit Reduction		<u>w/ Applicant</u>	<u>Separately</u>
	<u>Non-Tobacco</u>	<u>Tobacco</u>	<u>Non-Tobacco</u>	<u>Tobacco</u>		
18-25	0.067	0.122	0.102	0.177	0.000	0.000
26-30	0.110	0.196	0.184	0.306	0.000	0.000
31-35	0.202	0.333	0.333	0.535	0.000	0.000
36-40	0.383	0.618	0.630	1.014	0.000	0.000
41-45	0.612	0.996	1.008	1.608	0.000	0.000
46-50	1.088	1.780	1.817	2.892	0.000	0.000
51-55	1.668	2.760	2.808	4.524	0.000	0.000
56-60	2.811	4.610	4.795	7.651	0.000	0.000
61-65	5.016	8.262	8.738	14.028	0.000	0.000
66-69	8.317	13.860	14.214	25.452	0.000	0.000
70+	13.752	23.341	24.865	46.682	0.000	0.000

Note: To remove Parkinson's, multiply above by 85%

COMBINED INSURANCE COMPANY OF AMERICA
Individual Critical Illness
Policy Form No. 16648
Exhibit A: Annual Gross Premium Factors

Applicant - Per \$1,000 of Face Amount

E2

Enhanced 2 - ALS & MS						Children Covered	
Issue Age	With 50% Benefit Reduction		No Benefit Reduction			w/ Applicant	Separately
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco			
18-25	0.067	0.098	0.068	0.099		0.552	0.745
26-30	0.061	0.093	0.062	0.093		0.552	0.745
31-35	0.071	0.114	0.072	0.115		0.552	0.745
36-40	0.088	0.147	0.090	0.150		0.552	0.745
41-45	0.098	0.170	0.101	0.176		0.552	0.745
46-50	0.114	0.205	0.119	0.214		0.552	0.745
51-55	0.118	0.220	0.125	0.232		0.552	0.745
56-60	0.131	0.245	0.142	0.267		0.552	0.745
61-65	0.135	0.256	0.158	0.300		0.552	0.745
66-69	0.112	0.217	0.161	0.323		0.552	0.745
70+	0.093	0.178	0.180	0.356		0.552	0.745

Note: To remove MS, multiply above by 70%

Enhanced 3 - Loss of Sight/Speech/Hearing, Paralysis, Dismemberment, Burns						Children Covered	
Issue Age	With 50% Benefit Reduction at age 70		No Benefit Reduction			w/ Applicant	Separately
	Unismoke		Unismoke				
E3q Sight/Spch/Hearing	0.501		0.558			0.475	0.642
E3b Paralysis or Dism	0.053		0.057			0.049	0.066
E3c Burns	0.044		0.048			0.016	0.022

Occupational HIV/Hepatitis						Children Covered	
Issue Age	With 50% Benefit Reduction at age 70		No Benefit Reduction			w/ Applicant	Separately
	Unismoke		Unismoke				
E4 All Ages	0.305		0.318			0.000	0.000

Childhood Conditions						Children Covered	
	With 50% Benefit Reduction at age 70		No Benefit Reduction			w/ Applicant	Separately
	Unismoke		Unismoke				
E5	0.000		0.000			0.084	0.113

Adjustment Factors to Parts A and B

M1	Maximum Face	Rate Adj Fx
	1	100%
	2	105%
	3	108%

		Recurrence Percentage			
M2	Issue Age	0%	25%	50%	100%
	18-25	100%	101.80%	103.60%	107.20%
	26-30	100%	102.10%	104.10%	108.20%
	31-35	100%	102.30%	104.60%	109.30%
	36-40	100%	102.90%	105.70%	111.40%
	41-45	100%	103.40%	106.80%	113.60%
	46-50	100%	104.80%	109.50%	119.10%
	51-55	100%	106.20%	112.30%	124.70%
	56-60	100%	109.20%	118.30%	136.60%
	61-65	100%	112.10%	124.30%	148.60%
	66-69	100%	115.10%	130.30%	160.60%
	70+	100%	118.10%	136.30%	172.60%
	Children	100%	101.80%	103.60%	107.20%

M3 Waiving underwriting questions 10%

COMBINED INSURANCE COMPANY OF AMERICA
Individual Critical Illness
Policy Form No. 16648
Exhibit A: Annual Gross Premium Factors

Applicant - Per \$1,000 of Face Amount

Riders (All Ages)				Children Covered	
<u>Rider</u>	<u>Units</u>	<u>NS</u>	<u>SM</u>	<u>w/ Applicant</u>	<u>Separately</u>
R1 Hospital Admission	\$500/Adm	2.97	5.13	0.420	0.567
R2 Cancer Treatment	\$500/mo for 6 mo	15.50	24.25	1.080	1.458
R3 Family Care	\$25/day	2.96	5.15	0.000	0.000
R4 Mortgage Helper	\$500/mo for 6 mo	21.75	38.00	0.000	0.000
R5 Wellness	\$25	10.18	10.18	1.788	2.414
RM1 Interim Coverage	per month after 30 day v	2.5%	2.5%	2.5%	2.5%
RM2 Waiver of Premium	% Premium	2.5%	2.5%	2.5%	2.5%
RM3 Waiver of Pre-ex	% Premium	5.0%	5.0%	5.0%	5.0%
n/a Automatic Maximum Benefit Increase	n/a	5.0%	5.0%	5.0%	5.0%

COMBINED INSURANCE COMPANY OF AMERICA
Individual Critical Illness
Policy Form No. 16648
Exhibit B: Sample Gross Premium Calculation

Base policy and multiplicative riders:

Face / \$1,000 * [M1 * { M2 * (A + B)} + E1 + E2 + E3a + E3b + E3c + E4] * (1 + M3 + RM1 + RM2 + RM3 + RM4)

If not elected, use 0 in place of a factor.

Spouse rates are calculated the same as employee rates, using the spouse's face amount.

Children rates are calculated the same as employee rates, using the children face amount.

Rider add-on:

(1 + M3) * [Unit*R1 + Unit*R2 + Unit*R3 + Unit*R4 + Unit*R5]

Issue Age 35
Smoker status No
Benefit reduction None
Child Rated Separately

Benefit	Factor	Selected?	Applicant Rate	Spouse Rate	Child Rate
Face		Yes	20,000	10,000	5,000
Base CI	A	Yes	2.822	2.822	0.146
Cancer	B	Yes	3.826	3.826	0.583
Multiple	M1	Yes - 3x	108%	108%	108%
Recurrence	M2	Yes - 25%	102.30%	102.30%	101.80%
Alz & Park	E1	No	-	-	-
ALS & MS	E2	Yes	0.072	0.072	0.745
Loss of S/S/H	E3a	No	-	-	-
Para or Dis	E3b	No	-	-	-
Burns	E3c	No	-	-	-
Occ HIV/Hep	E4	No	-	-	-
Interim Cov	RM1	Yes - 2 mos	2.5%	2.5%	2.5%
Waiver of Prem	RM2	No	0.0%	0.0%	0.0%
Waiver of Pre-ex (Takeover)	RM3	No	0.0%	0.0%	0.0%
Waiver of Pre-ex	RM4	No	0.0%	0.0%	0.0%
Hosp Admission	R1	No	-	-	-
Cancer Treatment	R2	No	-	-	-
Family care	R3	No	-	-	-
Mortgage Helper	R4	Yes - 2 units	21.75	21.75	-
Wellness	R5	No	-	-	-
Waiving UW questions	M3	No	0%	0	0

Calculated Annual Rate:	199.38	121.44	8.43
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ACTUARIAL MEMORANDUM
COMBINED INSURANCE COMPANY OF AMERICA
Individual Critical Illness
Policy Form No. 16648

Purpose

The purpose of this Actuarial Memorandum is to describe the benefits provided in a new form for Critical Illness Insurance, Policy Form No. 16648, and to provide supporting documentation for the accompanying rates. This memorandum is confidential, and is not intended to be used for any other purposes.

Plan Description

Policy Form 16648 is a specified disease plan that pays lump sum benefits for diagnosis of named conditions. Combined will determine which combination of benefits to offer.

Key coverage variables include:

- The covered conditions for which benefits are payable. All plans must have Part A, and/or Part B. Additional conditions are only available if Part A is included.

Part A benefits include the following conditions at indicated percentages of the face amount:

- 100% Benign Brain Tumor
- 100% Coma
- 100% Heart Attack
- 100% Major Organ Failure
- 100% End Stage Renal Failure
- 100% Stroke
- 25% Coronary Artery Obstruction

Part B benefits include the following conditions at indicated percentages of the face amount:

- 100% Cancer
- 25% Carcinoma In Situ
- \$250 Skin Cancer Benefit (not paid as a percentage)

Additional conditions may be offered:

- 100% Alzheimer's
- 100% Parkinson's
- 100% MS
- 100% ALS
- 100% Loss of Speech/Sight/Hearing
- 100% Paralysis or Dismemberment
- 100% Burns
- 100% Occupational Hepatitis or HIV
- 25% Childhood conditions (genetic conditions)

- The face amount for spouse and child coverage is defined as separate percentages of the applicant's face amount, and can take values from 0% to 100% each.
- The maximum benefit per covered person can be 1, 2, or 3 times the face amount, with a 6 month waiting period between diagnoses of different conditions.
- Recurrence benefits may be offered on recurrence of a previously diagnosed and paid

ACTUARIAL MEMORANDUM
COMBINED INSURANCE COMPANY OF AMERICA
Individual Critical Illness
Policy Form No. 16648

condition at 25%, 50%, or 100% of the original payout, subject to a treatment free waiting period. Recurrence benefits accumulate to the maximum benefit.

- A 50% benefit reduction upon reaching age 70.
- Company may market this policy with one or more of the following riders included:
 - Mortgage and Rent Helper Benefit Rider
 - Cancer Treatment Benefit Rider
 - Hospital Admission Benefit Rider
 - Family Care Benefit Rider
 - Wellness Benefit Rider
 - Automatic Maximum Benefit Increase Rider
 - Membership Endorsement for Healthcare Referral Service
 - Interim Coverage Rider
 - Waiver of Premium Rider
 - Waiver of Pre-Existing Conditions Amendment
- Rider benefits (except those payable due to automatic increase) do not accumulate to the maximum benefit. Rider benefits are not reduced at age 70 if the 50% benefit reduction is included.

The policyholder selects the desired face amount. The policyholder determines whether to apply on behalf of his/her eligible dependents.

Please see the accompanying Policy and Riders for a detailed description of benefits.

Renewability

Each Policy is guaranteed renewable for life. Premiums may be changed on any anniversary after the first 12 months with 30 days advance written notice. A Policy can be terminated when the maximum benefit is paid, or for failure to pay premiums within the Grace Period.

Marketing

This Policy will be marketed to individuals aged 18 and older. Face amounts can range from \$1,000 to \$100,000.

When the Automatic Maximum Benefit Increase Rider is purchased, the face amount is increased annually at the policy's renewal. The amount of the increase is determined by how much face amount \$52 or \$104 will buy at the Policyholder's then current issue age, smoker status, and family coverage. A 5% reduction is applied to the face amount so calculated to offset selection. The Rider ceases after 5 or 10 years, or immediately after a face amount increase has been issued which increases the policyholder's face amount above \$100,000.

Underwriting

Policies will be subject to simplified issue underwriting. An underwriting factor will increase the rate if underwriting questions are waived (see rate sheet).

Gross Premiums

Gross Premiums are established per \$1,000 of coverage, and vary by issue age band,

ACTUARIAL MEMORANDUM
COMBINED INSURANCE COMPANY OF AMERICA
Individual Critical Illness
Policy Form No. 16648

tobacco usage and family status. An asset share model was used to establish issue age premiums for central ages and verifying loss ratio targets, expected commissions, premium taxes, administrative expenses, and profit and contingency margins, adjusted for lapse and mortality. Various factors may be applied to the basic rates to reflect the specific plan design and benefit options applicable to a particular policyholder's selected plan.

Annual Spouse rates per \$1,000 are the same as annual Applicant rates per \$1,000. If Child coverage is elected, the Child rate covers all of the Applicant's eligible children. Child rates are separate, or packaged with the Applicant and/or Spouse rate. The Applicant's age will be used to determine rates for Spouse and Child coverage. Final rates are rounded to satisfy administrative requirements.

Please see Exhibit A for the Premium components, and Exhibit B for a sample gross premium calculation. Highlighted cells in Exhibit A are used in the Exhibit B sample.

Morbidity

Attained age claim costs and benefit relationships were developed by Kidder, LLC, an actuarial consultant, from proprietary datasets, medical statistics and studies, and actuarial judgment.

Lapse rates

Lapse rates were developed from Kidder, LLC data, blended with actuarial judgment.

Premium Modalization

Premiums paid for periods less than annually will be calculated based on dividing the Annual Premium by the number of pay periods per year.

Unitobacco rates

Unitobacco rates may be offered by blending Non-tobacco and Tobacco rates.

Average Annual Premium

The average annual premium based on an average face amount of \$20,000 and a cross-section of issue ages, family tier enrollment and benefits is \$517.

Anticipated Loss Ratio

The anticipated lifetime loss ratio is 50%.

Interest Rate

Premiums and claims were discounted with a current government securities rate, after tax.

Active Life Reserves

Active life reserves are calculated based on Two Year Full Preliminary Term using a 3.5% interest rate.

Experience - Past and Future

ACTUARIAL MEMORANDUM
COMBINED INSURANCE COMPANY OF AMERICA
Individual Critical Illness
Policy Form No. 16648

Since this is a new form, no historical experience is available.

Trend

Current morbidity rates were assumed to continue into the future.

Proposed Effective Date

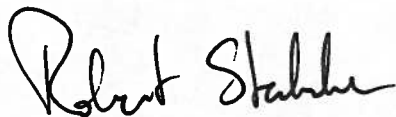
These rates are effective upon approval.

Actuarial Certification

I, Robert Stahnke, Worksite Actuary at Combined Insurance Company of America, am a member of the American Academy of Actuaries, and I meet the Qualification Standards of the American Academy of Actuaries to render this statement of Actuarial Opinion.

I hereby certify that, to the best of my knowledge and belief, the rate filing submitted herein is in compliance with all applicable laws of this state and Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans"; that the anticipated loss ratio submitted herein is expected to develop over the period for which rates are computed to provide coverage; and that the benefits are reasonable in relation to the premiums charged. In my opinion, the rates are not excessive, inadequate, or unfairly discriminatory.

Respectfully submitted,



Robert Stahnke, FSA, MAAA
November 21, 2013

State:	District of Columbia	Filing Company:	Combined Insurance Company of America
TOI/Sub-TOI:	H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness		
Product Name:	Rate Sheet #7251 for Critical Illness Policy 16648-DC		
Project Name/Number:	Rate Sheet #7251/Rate Sheet #7251		

Supporting Document Schedules

Bypassed - Item:	Cover Letter All Filings
Bypass Reason:	Please see Filing Description.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	Not applicable. This filing is not a third party filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Memorandum
Bypass Reason:	Submitted under the Rate/rule Schedule tab.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Justification
Bypass Reason:	Please see Actuarial Memorandum under the Rate Schedule.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	The rate is for a new form.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	The rate is for a new form.
Attachment(s):	
Item Status:	
Status Date:	

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Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	Not applicable to this filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	Not applicable to this filing.
Attachment(s):	
Item Status:	
Status Date:	